

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET  
NUMBER: 2020 - 123 - T

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print) Adrienne Whaley  
Submitted by:

Telephone: (803)543-0945

Address: 213 Brook Hollow Dr

Fax:

Columbia, SC 29223

Other:

Email: mobilitytranspo@gmail.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- ☐ Application - Class A/A Restricted
- ☐ Application - Class C Taxi
- ☐ Application - Class C Charter
- ☐ Application - Class C Charter Bus
- ☒ Application - Class C Non-Emergency
- ☐ Application - Class C Stretcher Van
- ☐ Application - Class E Household Goods
- ☐ Application - Class E Hazardous Waste
- ☐ Application
- ☐ Request for Extension to Comply with Order
- ☐ Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- ☐ Request for Cancellation of Certificate
- ☐ Request for Suspension
- ☐ Request for Reinstatement
- ☐ Request for Name Change on Certificate
- ☐ Request to Amend Scope of Authority
- ☐ Request to Amend Tariff (rate increase, etc.)
- ☐ Request to Amend Passenger Limit
- ☐ Request
- ☐ Exhibit
- ☐ Late-Filed Exhibit
- ☐ Letter
- ☐ Proposed Order
- ☐ Publisher's Affidavit
- ☐ Reservation Letter
- ☐ Response
- ☐ Return to Petition
- ☐ Other:

RECEIVED  
APR 30 2020  
PSC SC  
CLERK'S OFFICE

js

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210

Phone: (803) 896-5100      Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER**

**CLASS C - NON-EMERGENCY**

Date: 3/9/2020

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Mobility Transport Services, LLC  
Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

213 Brook Hollow Drive, Columbia, SC 29223  
Street Address of Applicant

.  
Mailing Address of Applicant (if different from street address)

803-543-0945  
Phone

Fax

mobilitytranspo@gmail.com  
Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

- ☒ Individual Owner/Sole Proprietorship
- ☐ Partnership - List names and address of all person having an interest in the business.
- ☐ Corporation - List names and addresses of two principal officers.

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

### Financial Statement

Applicant's assets and liabilities are as follows:

<u>Assets:</u>		<u>Liabilities:</u>	
Value of Real Estate	0 175,000.00	Mortgage/Loan on Real Estate	0 151,000.00
Value of Motor Vehicles	0 25,000.00	Loans Owed on Motor Vehicles	0
Cash on Hand	0 1,000.00	Business/Other Loans Owed	0
Cash in Bank	0 30,000.00	Other Liabilities or Debts	0
Value of Other Assets and Equipment	0 15,000.00	<b>Total Liabilities</b>	0 151,000.00
<b>Total Assets</b>	0 246,000.00 ✓		

### INSTRUCTIONS:

1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.
3. "Value of Motor Vehicles" means the actual or fair estimated value of any moving vans, trucks or other vehicles owned by the Company/Business Applying for a Certificate.
4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item 3.
5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

## PROPOSED RATES AND CHARGES FOR SERVICE

### Proposed Rates and Charges:

~~Rates will initially be determined by Logisticare Contract.~~

\$ 50.00 plus .20 cents per mile within 15 mile radius of pickup  
 .25 cents per mile over 15 miles from pickup

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
 You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

<input type="checkbox"/> Abbeville	<input type="checkbox"/> Cherokee	<input type="checkbox"/> Florence	<input type="checkbox"/> Lee	<input type="checkbox"/> Saluda
<input type="checkbox"/> Aiken	<input type="checkbox"/> Chester	<input type="checkbox"/> Georgetown	<input type="checkbox"/> Lexington	<input type="checkbox"/> Spartanburg
<input type="checkbox"/> Allendale	<input type="checkbox"/> Chesterfield	<input type="checkbox"/> Greenville	<input type="checkbox"/> Marion	<input type="checkbox"/> Sumter
<input type="checkbox"/> Anderson	<input type="checkbox"/> Clarendon	<input type="checkbox"/> Greenwood	<input type="checkbox"/> Marlboro	<input type="checkbox"/> Union
<input type="checkbox"/> Bamberg	<input type="checkbox"/> Colleton	<input type="checkbox"/> Hampton	<input type="checkbox"/> McCormick	<input type="checkbox"/> Williamsburg
<input type="checkbox"/> Barnwell	<input type="checkbox"/> Darlington	<input type="checkbox"/> Horry	<input type="checkbox"/> Newberry	<input type="checkbox"/> York
<input type="checkbox"/> Beaufort	<input type="checkbox"/> Dillon	<input type="checkbox"/> Jasper	<input type="checkbox"/> Oconee	
<input type="checkbox"/> Berkeley	<input type="checkbox"/> Dorchester	<input type="checkbox"/> Kershaw	<input type="checkbox"/> Orangeburg	<input checked="" type="checkbox"/> Statewide
<input type="checkbox"/> Calhoun	<input type="checkbox"/> Edgefield	<input type="checkbox"/> Lancaster	<input type="checkbox"/> Pickens	
<input type="checkbox"/> Charleston	<input type="checkbox"/> Fairfield	<input type="checkbox"/> Laurens	<input type="checkbox"/> Richland	

## DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

Maximum Number of Passengers Vehicle is Equipped to Carry: (The number of passengers a vehicle is equipped to carry is based on the number of seatbelts in the vehicle, including the driver's seatbelt.)

- ☒ 1-7 Passengers, including driver
- ☐ 8-15 Passengers, including driver

MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT	WHEEL- CHAIR LIFT
	Have not gotten vehicle yet.			

## INSURANCE QUOTE

This form **MUST BE COMPLETED.**

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Mobility Transport Services, LLC (Adrienne Whaley)

Name of Applicant

213 Brook Hollow Drive Columbia, SC 29223

Address of Applicant

**Amount of Premium:**

Liability Insurance \$ ~~2900.00~~ See Attached

The above quoted premium is for a term of 12 months.

**Minimum Limits** - Bodily injury and property damage limits will not be less than the following:

**Limits Quoted**

Liability Combined Each Occurance	\$ 1,000,000	<u>See Attached Quote</u>
Medical Payments per Person	\$ 1,000	

Carolina Agency Partners

Name of Insurance Company

PO Box 2307 Anderson, SC

Home Office Address of Company

Taylor Agency Insurance  
147 Wappoo Creek Dr  
5th Floor,  
Charleston, SC 29411

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

3522 THOMASVILLE RD  
STE 400  
TALLAHASSEE, FL 32309  
(855)891-2582 FAX: (800)808-8784  
CUSTOMER SERVICE: (855)891-2582

# PREMIUM FINANCE AGREEMENT

IPFS CORPORATION

<b>A</b>	<b>CASH PRICE (TOTAL PREMIUMS)</b>	<b>\$3,421.00</b>
<b>B</b>	<b>CASH DOWN PAYMENT</b>	<b>\$1,213.21</b>
<b>C</b>	<b>PRINCIPAL BALANCE (A MINUS B)</b>	<b>\$2,207.79</b>

**AGENT**  
(Name & Place of business)  
TAYLOR AGENCY OF CHARLESTON

P.O. BOX 30609  
CHARLESTON, SC 29417  
(843)762-1805 FAX: (843)795-3193

**INSURED**  
(Name & Residence or business)  
Mobility Transport Services LLC  
213 Brook Hollow Dr.

Columbia, SC 29229  
(803)543-0945  
whaley.adrienne@gmail.com

Commercial

Account #: \_\_\_\_\_

## LOAN DISCLOSURE

Quote Number: 11732304

<b>ANNUAL PERCENTAGE RATE</b> The cost of your credit as a yearly rate.	<b>FINANCE CHARGE</b> The dollar amount the credit will cost you.	<b>AMOUNT FINANCED</b> The amount of credit provided to you or on your behalf.	<b>TOTAL OF PAYMENTS</b> The amount you will have paid after you have made all payments as scheduled
12.350%	\$126.91	\$2,207.79	\$2,334.70

### YOUR PAYMENT SCHEDULE WILL BE

<b>Number Of Payments</b>	<b>Amount Of Payments</b>	<b>When Payments Are Due</b>	<b>Beginning:</b>
10	\$233.47	Beginning:	MONTHLY 05/10/2020

ITEMIZATION OF THE AMOUNT FINANCED: THE AMOUNT FINANCED IS FOR APPLICATION TO THE PREMIUMS SET FORTH IN THE SCHEDULE OF POLICIES UNLESS OTHERWISE NOTED.

**Security:** Refer to paragraph 1 below for a description of the collateral assigned to Lender to secure this loan.

**Late Charges:** A late charge will be imposed on any installment in default 5 days or more. This late charge will be 5.00% of the installment due.

**Prepayment:** If you pay your account off early, you may be entitled to a refund of a portion of the finance charge in accordance with Rule of 78's or as otherwise allowed by law. The finance charge includes a predetermined interest rate plus a non-refundable service/origination fee of \$20.00. See the terms below and on the next page for additional information about nonpayment, default and penalties.

POLICY PREFIX AND NUMBER	EFFECTIVE DATE OF POLICY	SCHEDULE OF POLICIES INSURANCE COMPANY AND GENERAL AGENT	COVERAGE	MINIMUM EARNED PERCENT	POL. TERM	PREMIUM
PENDING	04/10/2020	LLOYD'S LONDON - CERTAIN UNDERWRITE CRC SWETT/ATLANTA	GEN. LIAB./PROF. LIAB.	25.00%	12	2,700.00 Fee: 535.00 Tax: 186.00
Broker Fee:						\$0.00
TOTAL:						\$3,421.00

The undersigned insured directs IPFS Corporation (herein, "Lender") to pay the premiums on the policies described on the Schedule of Policies. In consideration of such premium payments, subject to the provisions set forth herein, the insured agrees to pay Lender at the branch office address shown above, or as otherwise directed by Lender, the amount stated as Total of Payments in accordance with the Payment Schedule, in each case as shown in the above Loan Disclosure. The named insured(s), on a joint and several basis if more than one, hereby agree to the following provisions set forth on pages 1 and 2 of this Agreement: **1. SECURITY:** To secure payment of all amounts due under this Agreement, insured assigns Lender a security interest in all right, title and interest to the scheduled policies, including (but only to the extent permitted by applicable law): (a) all money that is or may be due insured because of a loss under any such policy that reduces the unearned premiums (subject to the interest of any applicable mortgagee or loss payee), (b) any unearned premium under each such policy, (c) dividends which may become due insured in connection with any such policy and (d) interests arising under a state guarantee fund. **2. POWER OF ATTORNEY:** Insured irrevocably appoints its Lender attorney-in-fact with full power of substitution and full authority upon default to cancel all policies above identified, receive all sums assigned to its Lender or in which it has granted Lender a security interest and to execute and deliver on behalf of the insured documents, instruments, forms and notices relating to the listed insurance policies in furtherance of this Agreement.

**NOTICE:** A. Do not sign this agreement before you read it or if it contains any blank space. B. You are entitled to a completely filled in copy of this agreement. C. Under the law, you have the right to pay in advance the full amount due and under certain conditions to obtain a partial refund of the finance charge. D. Keep your copy of this agreement to protect your legal rights.

The undersigned hereby warrants and agrees to Agent's Representations set forth herein.

Signature of Insured or Authorized Agent

DATE

Signature of Agent

DATE



Insured and Lender further agree that: **3. POLICY EFFECTIVE DATES:** The finance charge begins to accrue as of the earliest policy effective date.

**4. AGREEMENT EFFECTIVE DATE:** This Agreement shall be effective when written acceptance is mailed to the insured by Lender. **5. DEFAULT AND DELINQUENT PAYMENTS:** If any of the following happens insured will be in default: (a) a payment is not made when it is due, (b) a proceeding in bankruptcy, receivership, insolvency or similar proceeding is instituted by or against insured, or (c) insured fails to keep any promise the insured makes in this Agreement; provided, however, that, to the extent required by applicable law, insured may be held to be in default only upon the occurrence of an event described in clause (a) above. The acceptance by Lender of one or more late payments from the insured shall not estop Lender or be a waiver of the rights of Lender to exercise all of its rights hereunder or under applicable law in the event of any subsequent late payment. **6. CANCELLATION:** Lender may cancel the scheduled policies after providing at least 10 days notice of its intent to cancel or any other required statutory notice if the insured does not pay any installment according to the terms of this Agreement or transfers any of the scheduled policies to a third party and the unpaid balance due to Lender shall be immediately due and payable by the insured. Lender at its option may enforce payment of this debt without recourse to the security given to Lender. **7. CANCELLATION CHARGES:** If Lender cancels any insurance policy in accordance with the terms of this Agreement and applicable law, then the insured shall pay Lender a cancellation charge equal to \$15.00 or the maximum amount permitted by law. If cancellation occurs, the insured agrees to pay a finance charge on the outstanding indebtedness at the maximum rate authorized by applicable state law in effect on the date of cancellation until the outstanding indebtedness is paid in full or until such other date as required by law. (Not applicable in KY, NV, and VT) **8. INSUFFICIENT FUNDS (NSF) CHARGES:** If insured's check or electronic funding is dishonored for any reason, the insured will pay to Lender a fee of \$30.00 or the maximum amount permitted by law. (Not applicable in AL and KY). **9. MONEY RECEIVED AFTER CANCELLATION:** Any payments made to Lender after Lender's Notice of Cancellation of the insurance policy(ies) has been mailed may be credited to the insured's account without any obligation on the part of Lender to request reinstatement of any policy. Any money Lender receives from an insurance company shall be credited to the balance due Lender with any surplus refunded to whomever is entitled to the money. In the event that Lender does request a reinstatement of the policy(ies) on behalf of the insured, such a request does not guarantee that coverage under the policy(ies) will be reinstated or continued. Only the insurance company has authority to reinstate the policy(ies). The insured agrees that Lender has no liability to the insured if the policy(ies) is not reinstated and Lender may charge a reinstatement fee where permitted up to the maximum amount allowed by law. **10. ASSIGNMENT:** The insured agrees not to assign this Agreement or any policy listed hereon or any interest therein (except for the interest of mortgagees or loss payees), without the written consent of Lender, and that Lender may sell, transfer and assign its rights hereunder or under any policy without the consent of the insured, and that all agreements made by the insured hereunder and all rights and benefits conferred upon Lender shall inure to the benefit of Lender's successors and assigns (and any assignees thereof). **11. INSURANCE AGENT OR BROKER:** The insured agrees that the insurance agent or broker soliciting the policies or through whom the policies were issued is not the agent of Lender; and the agent or broker named on the front of this Agreement is neither authorized by Lender to receive installment payments under this Agreement nor to make representations, orally or in writing, to the insured on Lender's behalf (except to the extent expressly required by applicable law). As and where permissible by law, Lender may compensate your agent/broker for assisting in arranging the financing of your insurance premiums. If you have any questions about this compensation you should contact your agent/broker. **12. FINANCING NOT A CONDITION:** The law does not require a person to enter into a premium finance agreement as a condition of the purchase of insurance. **13. COLLECTION COSTS:** Insured agrees to pay attorney fees and other collection costs to Lender to the extent permitted by law if this Agreement is referred to an attorney or collection agency who is not a salaried employee of Lender, to collect any money insured owes under this Agreement. (Not applicable in KY) **14. LIMITATION OF LIABILITY:** The insured agrees that Lender's liability to the insured, any other person or entity for breach of any of the terms of this Agreement for the wrongful or improper exercise of any of its powers under this Agreement shall be limited to the amount of the principal balance outstanding, except in the event of Lender's gross negligence or willful misconduct (not applicable in KY). Insured recognizes and agrees that Lender is a lender only and not an insurance company and that in no event does Lender assume any liability as an insurer hereunder or otherwise. **15. CLASSIFICATION AND FORMATION OF AGREEMENT:** This Agreement is and will be a general intangible and not an instrument (as those terms are used in the Uniform Commercial Code) for all purposes. Any electronic signature or electronic record may be used in the formation of this Agreement, and the signatures of the insured and agent and the record of this Agreement may be in electronic form (as those terms are used in the Uniform Electronic Transactions Act). A photocopy, a facsimile or other paper or electronic record of this Agreement shall have the same legal effect as a manually signed copy. **16. REPRESENTATIONS AND WARRANTIES:** The insured represents that (a) the insured is not insolvent or presently the subject of any insolvency proceeding (or if the insured is a debtor of bankruptcy, the bankruptcy court has authorized this transaction), (b) if the insured is not an individual, that the signatory is authorized to sign this Agreement on behalf of the insured, (c) all parties responsible for payment of the premium are named and have signed this Agreement, and (d) there is no term or provision in any of the scheduled policies that would require Lender to notify or get the consent of any third party to effect cancellation of any such policy. **17. ADDITIONAL PREMIUM FINANCING:** Insured authorizes Lender to make additional advances under this premium finance agreement at the request of either the Insured or the Insured's agent with the Insured's express authorization, and subject to the approval of Lender, for any additional premium on any policy listed in the Schedule of Policies due to changes in the insurable risk. If Lender consents to the request for an additional advance, Lender will send Insured a revised payment amount ("Revised Payment Amount"). Insured agrees to pay the Revised Payment Amount, which may include additional finance charges on the newly advanced amount, and acknowledges that Lender will maintain its security interest in the Policy with full authority to cancel all policies and receive all unearned premium if Insured fails to pay the Revised Payment Amount. **18. PRIVACY:** Our privacy policy may be found at <https://app.ipfs.com/Privacy.aspx>. **19. ENTIRE DOCUMENT / GOVERNING LAW:** This document is the entire Agreement between Lender and the insured and can only be changed in writing and signed by both parties except that the insured authorizes Lender to insert or correct on this Agreement, if omitted or incorrect, the insurer's name and the policy number(s). Lender is also authorized to correct patent errors and omissions in this Agreement. In the event that any provision of this Agreement is found to be illegal or unenforceable, it shall be deemed severed from the remaining provisions, which shall remain in full force and effect. The laws of the State of South Carolina will govern this Agreement. **20. AUTHORIZATION:** The insurance company(ies) and their agents, any intermediaries and the agent / broker named in this Agreement and their successors and assigns are hereby authorized and directed by insured to provide Lender with full and complete information regarding all financed insurance policy(ies), including without limitation the status and calculation of unearned premiums, and Lender is authorized and directed to provide such parties with full and complete information and documentation regarding the financing of such insurance policy(ies), including a copy of this Agreement and any related notices. **21. WAIVER OF SOVEREIGN IMMUNITY:** The insured expressly waives any sovereign immunity available to the insured, and agrees to be subject to the laws as set forth in this Agreement (and the jurisdiction of federal and/or state courts) for all matters relating to the collection and enforcement of amounts owed under this Agreement and the security interest in the scheduled policies granted hereby.

#### AGENT/BROKER REPRESENTATIONS

The agent/broker executing this, and any future, agreements represents, warrants and agrees: (1) installment payments totaling \$0.00 and all applicable down payment(s) have been received from the insured in immediately available funds, (2) the insured has received a copy of this Agreement; if the agent/broker has signed this Agreement on the insured's behalf, the insured has expressly authorized the agent/broker to sign this Agreement on its behalf or, if the insured has signed, to the best of the undersigned's knowledge and belief such signature is genuine, (3) the policies are in full force and effect and the information in the Schedule of Policies including the premium amounts is correct, (4) no direct company bill, audit, or reporting form policies or policies subject to retrospective rating or to minimum earned premium are included, except as indicated, and the deposit of provisional premiums is not less than anticipated premiums to be earned for the full term of the policies, (5) the policies can be cancelled by the insured or Lender (or its successors or assigns) on 10 days notice and the unearned premiums will be computed on the standard short rate or pro rata table except as indicated, (6) there are no bankruptcy, receivership, or insolvency proceedings affecting the insured, (7) to hold Lender, its successors and assigns harmless against any loss or expense (including attorney fees) resulting from these representations or from errors, omissions or inaccuracies of agent/broker in preparing this Agreement, (8) to pay the down payment and any funding amounts received from Lender under this Agreement to the insurance company or general agent (less any commissions where applicable), (9) to hold in trust for Lender or its assigns any payments made or credited to the insured through or to agent/broker directly or indirectly, actually or constructively by the insurance companies and to pay the monies, as well as the unearned commissions to Lender or its assigns upon demand to satisfy the outstanding indebtedness of the insured, (10) all material information concerning the insured and the financed policies necessary for Lender to cancel such policies and receive the unearned premium has been disclosed to Lender, (11) no term or provision of any financed policy requires Lender to notify or get the consent of any third party to effect cancellation of such policy, and (12) to promptly notify Lender in writing if any information on this Agreement becomes inaccurate.



## Account Summary For Mobility Transport Services, LLC

Quote #: 10527300

Status: Approved

Policy Type: AP

Originally Quoted: 3/27/2020 2:55 PM EST  
 Quote Printed: 3/27/2020 4:48 PM EDT  
 Proposed Effective: 4/01/2020 12:00 AM EST  
 Proposed Expiration: 4/01/2021 12:00 AM EST

Commission: 12.50

Quoted By: Grant Kingsley  
 Berkshire Hathaway Homestate  
 1314 Douglas St  
 Omaha, NE 68102

GKingsley@bhhc.com  
 Producer: Taylor Agency  
 147 Wappoo Creek Dr Ste 502  
 Charleston, SC 29412  
 Phone - (843) 762-1805  
 Fax - (843) 795-3193

DOT #: Unknown

MC #: Unknown

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	1,000,000 CSL	8,384
7	UM - BIPD	25,000/50,000/25,000	215
7	UIM - BIPD	25,000/50,000/25,000	211
7	Medical Payments	1,000	122
7	Physical Damage	See Specific Unit	1,430
	Total Ins Value	32,000	
	Add'l Ins'd		200
Total			\$10,562.00

Revision: 3SC2019R02

## Vehicle Information

BHHC-Rate Version: 8.6.37132.

Unit	Liability	UM	UIM	Med Pay	Phys Dam	Cargo/ In-Tow	Al/Lessor	Unit Sub Total
1 2018 DODGE GRAND CARAVAN (68361) Comp/Coll: \$32,000 Radius: Up to 50 Miles	8,384	215	211	122	1,430	N/A	N/A	10,362
Deductible: 1,000/1,000								



**Berkshire Hathaway**  
**HOMESTATE COMPANIES**

## Additional Coverages For Mobility Transport Services, LLC

---

<b>Additional Insured/Waiver of Subrogation</b>	<b>Premium (\$)</b>	200
---	---------------------	-----

---

<u>Coverage</u>	<u>Number</u>	<u>Premium (\$)</u>
Waiver of Subrogation	0	N/A
Additional Insured	1	200

### Terms and Conditions

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

#### Terms:

- 12.5% Commission
- 50 mile radius
- All New Drivers must meet driver guidelines.
- Compliance with UM/UIM Limit Requirements.
- Covering all owned/operated vehicles.
- DOT inspections will be monitored throughout our policy period to verify ALL inspected power units are scheduled on the policy.
- Inspections involving unreported power units may jeopardize continued coverage.
- NO coal hauling.
- NO landfill exposure.
- No short-term leases or trip-leases of 30 days or less. Inform if different.
- No Transportation of Hazardous Materials, Garbage, Contaminated Soil, Asbestos, or similar exposures.
- Our policy must schedule all owned power units, and any other power units operating under the insured's authority.
- Prompt reporting of all new drivers.
- State filings
- Subject to a maximum seating capacity of 3
- Subject to at least 25% of units having permanently attached disability equipment -- pictures of units due at binding
- Subject to no auto or driver interchange
- Subject to no commercial auto losses in last 3 years
- Subject to no cruising for fares
- Subject to no taxi, uber or similar exposure
- Subject to units being tagged, titled and garaged in SC
- The policy must schedule all owned power units and any power units operating under the insured's authority or DOT.

Unless Otherwise specified, all conditions listed below must be satisfied within 30 days of binding coverage. Failure to satisfy all conditions within the applicable timeframes may result in cancellation.

#### Conditions:

This quote is being offered subject to the following terms and conditions. The Company disclaims any responsibility for your failure to reconcile the original application with coverage quoted herein. Failure to comply with the following terms may result in cancellation.

- Completed and Signed Selection/Rejection forms as required by state law.
- Radius: 100% of operations within 50 miles; inform if different

Quote is valid through: 04/26/2020

**Disclosure Statement:** The premium for this account includes a commission that is within the terms of your normal commission schedule included within the provisions of your Agency Agreement. If your agency contract includes a Profit Sharing Agreement, this policy may or may not be included in that profit sharing plan. It's unclear at this time whether you will be eligible for profit sharing or whether this individual account will increase or decrease any profit sharing payout as the loss ratio is undetermined at this time and any payments are not guaranteed.

This is NOT a binder of insurance. Company must be notified prior to Binding Coverage.

## Schedule of Forms & Endorsements

---

CA 0001 (10/2013) Business Auto Coverage Form  
CA 0150 (05/2017) South Carolina Changes  
CA 2018 (10/2013) Professional Services Not Covered  
CA 2119 (12/2013) South Carolina Uninsured Motorists Coverage  
CA 2188 (12/2013) South Carolina Underinsured Motorists Coverage  
CA 2189 (12/2013) South Carolina Split Uninsured Motorists Limits  
CA 2190 (12/2013) South Carolina Split Underinsured Motorists Limits  
CA 2402 (10/2013) Public Transportation Autos  
CA 9958 (04/2014) South Carolina Auto Medical Payments Coverage  
IL 0017 (11/1998) Common Policy Conditions  
IL 0021 (09/2008) Nuclear Energy Liability Exclusion Endorsement (Broad Form)  
M 3912b (08/2001) Stated Amount Insurance  
M 4566a (11/1999) South Carolina Liability Insurance ID Card  
M 4572 (12/1994) Schedule of Forms and Endorsements at Policy Inception  
M 4803 (02/1998) Abuse or Molestation Exclusion  
M 4959a (03/2002) Schedule of Covered Autos  
M 5332a (12/2009) South Carolina Changes - Cancellation and Nonrenewal  
M 5398 (03/2009) South Carolina Important Notice - Uninsured Motorist  
M 5479 (04/2010) Towing and Storing Costs  
M 5603 (03/2017) Policy Jacket  
M 5605 (02/2011) Business Auto Coverage Declarations  
M 5623 (04/2011) Application of Policy - Financial Responsibility  
M 5749 (01/2013) Underinsured Motorists Coverage Amendatory Endorsement  
M 5872 (04/2016) Changes to Common Policy Conditions - Cancellation  
M 5887 (05/2016) Additional Insured Endorsement

Quote #: 10527300

## OFFER OF OPTIONAL ADDITIONAL UNINSURED MOTORIST COVERAGE AND OPTIONAL UNDERINSURED MOTORIST COVERAGE

### I. EXPLANATION OF COVERAGES

The State of South Carolina's automobile insurance laws now allow any insurance company to refuse to underwrite your automobile liability insurance coverage. That refusal may be based upon a number of reasons. **Automobile liability insurance coverage** pays other motor vehicle drivers and their passengers whom you damage for the damages which you cause and for which you are legally responsible. There are two types of automobile liability insurance coverage: bodily injury and property damage. **Bodily injury coverage** is a coverage which pays people upon whom your motor vehicle inflicts bodily injury. **Property damage coverage** is a coverage which pays people for damages which your automobile causes to their motor vehicles or property.

Once any insurance company makes the business decision to underwrite your automobile liability insurance coverage, then it must provide to you at least \$25,000.00 of bodily injury coverage for each person whom you may injure in any single accident and \$50,000.00 of bodily injury coverage for two or more people whom you may injure in any single accident. The insurance company must also provide to you at least \$25,000.00 in property damage coverage for each accident which you may cause. You may have seen these limits described as \$25,000/\$50,000/\$25,000 or 25/50/25. These limits are commonly known as **minimum limits**. If you purchase automobile liability insurance, then, in order to drive your automobile upon the roads of this State, you must have at least minimum limits.

There is no requirement under the laws of this State that an insurance company which underwrites your minimum limits of \$25,000/\$50,000/\$25,000 must also agree to underwrite higher than those minimum limits of automobile liability insurance coverage for you. If your insurance company does agree to offer to you more than the minimum limits, then you will be required to pay an increased automobile insurance premium for those increased limits of protection.

In addition, under this State's insurance laws, once an insurance company agrees to underwrite your automobile liability insurance coverage, you must be offered, at your option, two additional automobile insurance coverages which will protect you in the event you are damaged in an automobile accident by an at-fault automobile driver who either has no automobile insurance or whose automobile insurance liability limits are less than the damages which you suffer in that accident. These coverages are legally termed additional uninsured motorist coverage and underinsured motorist coverage. You may see them referred to within your automobile insurance policy as UM and UIM. If you decide to purchase either of these two optional coverages, then you will be required to pay an additional automobile insurance premium for each of these additional coverages.

**Uninsured motorist coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault uninsured motor vehicle. An uninsured motor vehicle is a motor vehicle which either has no liability insurance coverage or is operated by a hit-and-run driver. By law, your automobile insurance policy automatically must provide uninsured motorist coverage of \$25,000/\$50,000/\$25,000. All uninsured motorist coverages provide for a \$200 deductible for uninsured property damage claims.

You also have the right to buy **additional** uninsured motorist coverage, in various limits, up to the limits of the liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of additional uninsured motorist coverage, together with the additional premiums which you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

Quote #: 10527300

**Underinsured motorist coverage** compensates you, or other persons insured under your automobile insurance policy, for amounts which you may be legally entitled to collect as damages from an owner or operator of an at-fault underinsured motor vehicle. An underinsured motor vehicle is a motor vehicle which is covered by some form of liability insurance, but that liability insurance coverage is not sufficient to fully compensate you for your damages.

Your automobile insurance policy does not automatically provide any underinsured motorist coverage. However, you have the right to buy underinsured motorist coverage in limits up to the limits of liability coverage which you will carry under your automobile insurance policy. Some of the more commonly-sold limits of underinsured motorist coverage, together with the additional premiums you will be charged, have been printed by your insurance company upon this form. If there are other limits in which you are interested, but which are not shown upon this form, then fill in those limits in the blanks provided. If your insurance company is allowed to market those limits within this State, then your insurance agent will fill in the amounts of increased premium.

It is important that you understand that, *if you reject* either one of these coverages upon this form and if you are involved in an automobile accident, then this form may be used by your insurance company as *evidence against you* if it denies your claim for additional uninsured motorist coverage or underinsured motorist coverage.

If you do not complete this form and return it to your insurance company or to your insurance agent within 30 days from your receipt of this form, then the law requires that additional uninsured motorist coverage and underinsured motorist coverage, in the same limits as the automobile liability insurance which you purchase, must be automatically added on to your automobile insurance policy. You will be required to pay an additional premium for each of these two coverages. If you do not pay that additional premium, then your automobile insurance policy may be cancelled.

In the future, if you wish to increase or to decrease your limits either of additional uninsured motorist coverage or of underinsured motorist coverage, *you* must then contact either your insurance agent or your insurance company. You will not be presented with another copy of this form by your insurance agent or by your insurance company upon renewal of your automobile liability insurance policy. You will not be presented with another copy of this form by your insurance agent or by your current insurance company when you extend, change, supersede, or replace your automobile liability insurance policy.

Please read this form carefully. Your insurance agent or your insurance company *must* answer any questions which you may have. If you have any further questions, then you should contact the State of South Carolina Department of Insurance. Its address and telephone number are:

Office of Consumer Services  
State of South Carolina Department of Insurance  
Capitol Center  
1201 Main Street, Suite 1000  
Post Office Box 100105  
Columbia, South Carolina 29202-3105  
(803) 737-6180  
(800) 768-3467  
E-mail Address: consumers@doi.sc.gov



Mobility Transport Services, LLC

Quote #: 10527300

M-5638 (08/2011)

**II. OFFER OF ADDITIONAL UNINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$215
\$30,000/ \$60,000/ \$25,000	\$228
\$50,000/ \$100,000/ \$25,000	\$271
\$50,000/ \$100,000/ \$50,000	\$276

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL	\$718
-----------------	-------

☐ I reject additional Uninsured Motorist Coverage☒ I select additional Uninsured Motorist Coverage at the following limits: \$25,000/ \$50,000/ \$25,000**III. OFFER OF UNDERINSURED MOTORIST COVERAGE**

<u>Limits of Coverage</u>	<u>Premium Cost</u>
\$25,000 / \$50,000 / \$25,000	\$211
\$30,000/ \$60,000/ \$25,000	\$224
\$50,000/ \$100,000/ \$25,000	\$266
\$50,000/ \$100,000/ \$50,000	\$271

Your Policy's Liability Coverage Limits:

\$1,000,000 CSL	\$705
-----------------	-------

☐ I reject additional Underinsured Motorist Coverage☒ I select additional Underinsured Motorist Coverage at the following limits: \$25,000/ \$50,000/ \$25,000**IV. APPLICANT'S ACKNOWLEDGEMENT**

By my signature, I acknowledge that I have read – or I have had read to me – the above explanations and offers of additional uninsured motorist coverage and underinsured motorist coverage. I have indicated whether or not I wish to purchase each coverage in the spaces provided. I understand that the above explanations of these coverages are intended only to be brief descriptions of additional uninsured motorist coverage and underinsured motorist coverage, and that payment of benefits under either of these coverages is subject both to the terms and conditions of my automobile insurance policy and to the State of South Carolina's laws.

Type or Print Your Name: \_\_\_\_\_

Your Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Your Address: \_\_\_\_\_



PO Box 31145 • Omaha, NE 68131  
bhhc.com

## Direct Bill Payment Plan Options

Date: 03/27/2020

Billing Services:  
1-877-680-2442

Applicant Name: **Mobility Transport Services, LLC**

7:00 AM-7:00 PM Central Time, Mon-Fri

Quote Number: 10527300

billing@bhhc.com

**Indicated Premium: \$ 10,562.00** (includes government fees and assessments, if applicable)

Payment Plans:	11-Pay	6-Pay	4-Pay	2-Pay	Full Pay
<b>Down Payment</b>					
Due at Binding	\$2,113.00	\$2,113.00	\$2,863.00	\$5,493.00	\$10,562.00
<b>Installments *</b>					
Month 1	\$844.36	\$1,689.32			
Month 2	\$844.96		\$2,565.87		
Month 3	\$844.96	\$1,689.92			
Month 4	\$844.96				
Month 5	\$844.96	\$1,689.92	\$2,566.57	\$5,069.00	
Month 6	\$844.96				
Month 7	\$844.96	\$1,689.92			
Month 8	\$844.96		\$2,566.57		
Month 9	\$844.96	\$1,689.92			
Month 10	\$844.96				

\*Indicates number of months after policy effective date.

Direct Bill policies require a down payment at the time of binding. The down payment may be submitted online from the insured's bank account, credit or debit card during binding. Subsequent installments will be due on the same calendar day as the effective date of the policy. Please see the payment plan options above.

### Recurring Payments



Recurring payments are a convenient and secure option to automatically deduct insurance payments from a bank account, credit card, or debit card on the scheduled due date. Enroll by completing the Recurring Payment Authorization form or by calling Billing Services at 1-877-680-2442 7 am - 7 pm Central Time Monday - Friday.



P.O. Box 31145 • Omaha, NE 68131  
bhhc.com

## Recurring Payments Authorization Form

**Billing Services:**

1-877-680-2442

7:00 AM - 7:00 PM Central Time, Mon - Fri  
billing@bhhc.com

Insured Name: **Mobility Transport Services, LLC**  
Quote Number: **10527300**  
Agency Name: **Berkshire Hathaway Homestate Companies**

Recurring payments are a convenient and secure option to automatically deduct your insurance payment from your bank account, credit card or debit card on the scheduled due date. When enrolled in recurring payments the installment fee is eliminated, lowering your bill.

**Select a Request Type:**

Enroll in Recurring Payments ☐

Change Recurring Payments Account ☐

Stop Recurring Payments ☐

(only signature and date required)

Name on Account: \_\_\_\_\_

Account Holder Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

E-mail Address for Receipts: \_\_\_\_\_

**Enroll using a Checking/Savings Account**

Account Type: Checking Account ☐ Savings Account ☐

Bank Name: \_\_\_\_\_

Routing Number\*: \_\_\_\_\_

Account Number: \_\_\_\_\_

*\*Please note that a routing number has exactly nine digits.*

**Enroll using a Credit/Debit Card\***

Card Type: Visa ☐ Mastercard ☐ Discover ☐ American Express ☐

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

*\*A nominal transaction and reversal may appear on your statement due to our validation process.*

**Please submit this completed form via one of the following methods:**

- FAX to 1-866-897-2393
- MAIL to PO Box 31145, Omaha, NE 68131
- **\*\*E-MAIL WILL NOT BE ACCEPTED\*\***

**Please Note:** Down payments will not be processed from the information on this form. Down payments may be processed online at the time of binding or by calling Billing Services.

A payment schedule will be mailed to you showing the dates and amounts of your recurring payments. If there is an outstanding bill when you enroll in recurring payments, a one-time payment will be processed on the bill's due date. If a payment date falls on a weekend or holiday, the payment will be drafted on the next business day. Please note that three (3) business days advanced notice is required to change or stop recurring payments.

**\*\*\* I authorize National Indemnity Company on behalf of Berkshire Hathaway Homestate Companies to initiate automatic payments for premium on my insurance policy and its renewals to my bank account, credit card or debit card. This authority shall remain in effect until I revoke it in writing to the address above, by fax to 1-866-897-2393 or by calling Billing Services. I authorize my financial institution to debit the above designated bank account, credit card or debit card, and understand that I will receive advance notice of any increase in payments which result from endorsements to or renewal of my policy. \*\*\***

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_



# Berkshire Hathaway HOMESTATE COMPANIES

## Binding Procedures - Commercial Auto

You may bind coverage for an account for which you have received a formal quote, provided there are no additions, alterations or omissions to any of the terms of the coverage requested, by following the instructions included below. Our premium indications are valid for 30 days.

**\*\*New Direct Bill Option - Auto, Cargo, or Garage Only\*\***

Direct Bill account coverage will be bound no earlier than the effective time and date the bind is initiated online.

---

### To bind coverage:

You will receive a link from [noreply@bhhc.com](mailto:noreply@bhhc.com). Follow the link in the email to our online binding mechanism. You will then have two options:

#### 1) Pay Now

Down payment must be processed through our online system at the time of bind. If valid payment is not received at time of bind, no coverage will be in effect. Please gather payment information (bank routing #, checking account # or credit/debit card #, expiration date and security code) from the insured before starting the bind process.

#### 2) Pay Within Five Days

Your agency will be directly responsible for all earned premium on the policy. If the down payment is not received by us within five (5) calendar days, a notice of cancellation will be issued for nonpayment of premium.

### Premium Financed Policies

Note: Premium Financed policies will be run through our Direct Bill mechanism, but will be on a full payment plan. You may choose to pay now and pay the policy premium in full at time of bind, or pay within five days. The insured will be billed and shall be responsible for any additional premium that is endorsed onto the policy. If the insured elects to premium finance the endorsed premium it is the insured's responsibility to contact the premium finance company.

---

### Questions? Contact P&C Client Services at (877) 680-2442

\* Commissions will be paid monthly as payments are received. Commission statements and checks are generated at the beginning of each month.

Berkshire Hathaway Homestate Insurance Company • Brookwood Insurance Company • Continental Divide Insurance Company  
Cypress Insurance Company • Oak River Insurance Company • Redwood Fire and Casualty Insurance Company

**Exhibit Fit, Willing, and Able (FWA)**

Adrienne Whaley

Name

1. Is there currently any outstanding judgments against the Applicant?

☐ Yes☒ No

If Yes, list judgements here:

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes☐ No

**Exhibit on Driver Qualifications**

1. Applicant understands that drivers must possess at least a current American Red Cross Standard First Aid and CPR Certificate or its equivalent, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

2. Applicant understands that drivers must be in compliance with all OSHA regulations.

☒ Yes ☐ No

3. Applicant understands that drivers must be trained in the use of all vehicle installed safety equipment such as two-way radios, first-aid kits, fire extinguishers, and other equipment as outlined in PSC Regulations.

☒ Yes ☐ No

4. Applicant understands that drivers must be able to physically perform actions necessary to assist persons with disabilities, including wheelchair users.

☒ Yes ☐ No

5. Applicant understands that drivers must wear a professional uniform and photo identification badge that easily identifies the driver and the company for whom the driver works.

☒ Yes ☐ No

6. Applicant understands that drivers must complete twelve (12) hours of in-service training annually in the area of safety, and records that verify/record such training must be kept on file at the company's primary place of business within South Carolina.

☒ Yes ☐ No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 EXECUTIVE CENTER DRIVE, SUITE 100  
COLUMBIA, SOUTH CAROLINA 29210

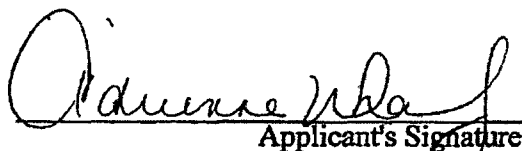
Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please check the applicable box:

- ☒ The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the e-mail address as it appears on page one of this Application. To sign up for eService notifications, please visit [www.psc.sc.gov](http://www.psc.sc.gov) to create a My DMS account.
- ☐ The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

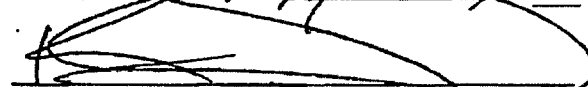
  
Applicant's Signature

Owner Operator  
Title of Applicant (e.g. President, Owner, etc.)

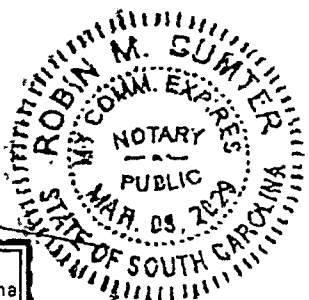
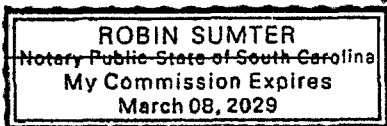
STATE OF SOUTH CAROLINA )

COUNTY OF RECHLAND )

SWORN TO BEFORE ME  
This 9<sup>th</sup> day of MARCH 2020

  
Notary Public

Commission Expires



**Print Application**



South Carolina Secretary of State

**Business Entities Online**

File, Search, and Retrieve Documents Electronically

---

**Mobility Transport Services, LLC****Corporate Information****Entity Type:** Limited Liability Company**Status:** Good Standing**Domestic/Foreign:** Domestic**Incorporated South Carolina  
State:****Important Dates****Effective Date** 09/26/2019**Expiration N/A  
Date:****Term End N/A  
Date:****Dissolved N/A  
Date:****Registered Agent****Agent:** Adrienne Whaley**Address:** 6 Hibernia St  
Columbia, South Carolina 29223**Official Documents On File**

<b>Filing Type</b>	<b>Filing Date</b>
Amended Articles of Organization	01/21/2020
Articles of Organization	09/26/2019

**Former Names**

<b>Name</b>	<b>Filing Date</b>
Safety 1st Transportation Services, LLC	09/26/2019

For filing questions please contact us at 803-734-2158

Copyright © 2020 State of South Carolina